

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Amended POC

PRINTED: 09/27/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2012
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37680	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This Plan of Correction is filed as evidence of the facility to comply with the requirement of participation and continue to provide high quality resident care.	
F 323 SS=D	<p>During the annual recertification survey and investigation of complaint #28744 conducted on September 26, 2012, at Asbury Place at Kingsport, no deficiencies were cited in relation to the complaint under 43 CFR PART 482.13, Requirements for Long Term Care.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility Falls Management Policy, and interview, the facility failed to initiate proper interventions after falls for two (#2 and #7) residents out of fourteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on February 13, 2012, with diagnoses of Atrial Fibrillation, Rehabilitative Process, Failure to Thrive, Debility, History of Falls, History of Non-Compliance, Obesity, Hypertension, Depression, and Esophageal Reflux.</p> <p>Medical record review of a nurse's notes dated July 28, 2012, revealed "...in bathroom...knees</p>	F 323	<p>F 323</p> <p>All residents will have a fall risk assessment completed by the LPN or RN supervisor upon admission, quarterly, and as needed to ensure an intervention is in place. After each fall in the facility, a new intervention will be implemented and communicated to the direct care staff that day verbally as well as updating the new intervention to the comprehensive care plan and nursing assistant care plan. An Audit has been created on 10/5/12 that the DON and/or ADON will review the interventions in place and discuss in the weekly falls committee meeting. The members of the falls committee consist of the Administrator, DON, ADON, Social Services, Therapy Manager, Dietician, Restorative Aide, and Nursing Secretary. All fall interventions will be</p>	10/5/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jessica Helton

Administrator

10-5-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/26/2012
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37680		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 1 buckled...slid down the wall to the floor..."</p> <p>Review of the facility investigation dated July 28, 2012, revealed "...using the BR (bathroom)...became weak...knees buckled...CNA (Certified Nursing Assistant) present..."</p> <p>Medical record review of a nurse's notes dated August 5, 2012, revealed "...attempting to weigh...reaching for handle on scale...stood then sat down on floor...knee gave out..."</p> <p>Review of the facility investigation dated August 5, 2012, revealed "...attempting to weigh...took hold of handles...sit down on floor...knee gave out..."</p> <p>Review of the resident's Care Plan dated July 17, 2012, indicated the resident was at risk for falls due to decreased mobility. Interventions included application of non-skid footwear, instructed to use call bell for assistance, and engage resident in activities that improve strength, balance, and posture.</p> <p>Continued review of the resident's Care Plan revealed interventions implemented after the falls on July 28, 2012, and the August 5, 2012, included "...Nursing staff educated for better t/f (transfer) techniques..."</p> <p>Review of a facility policy entitled "Falls Management Program", dated September 11, 2003, revealed "...falls that occur after a resident has been identified at risk...reassess the resident...and adjust intervention strategies..."</p>	F 323	<p>reviewed by the DON and/or ADON at the time of the fall, as well, and previous interventions that are no longer relevant will be discontinued and a new intervention put into place after each fall including the use of education and alarms. This will be communicated to the direct care staff by the DON and/or ADON verbally and placed on the comprehensive care plan and nursing assistant care plan. This falls audit will also be reviewed for the next three months in the monthly Quality Assurance meeting, which consists of the DON, ADON, Administrator, Facilities Director-maintenance and housekeeping, Pharmacy, Social Services, Medical Director, and Dining Services.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/26/2012
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 323	<p>Continued From page 2</p> <p>Interview with the Director of Nursing and the Administrator on September 25, 2012, at 9:45 a.m., in the conference room, confirmed that no new interventions were implemented following the resident's fall on August 5, 2012.</p> <p>Resident #7 was admitted to the facility on July 18, 2012, with diagnoses including Patella (knee) Fracture, Fibular (lower leg) Fracture and multiple fractures of the foot.</p> <p>Medical record review of the Minimum Data Set (MDS) dated July 30, 2012, revealed the resident scored a 15 out of 15 on the Brief Interview for Mental Status (indicating intact cognition) and was unable to ambulate.</p> <p>Medical record review of the resident's fall risk assessment dated July 18, 2012, revealed "...total score 12...(total score of 10 or above represents high risk)..."</p> <p>Medical record review of a nurse's notes dated July 30, 2012, revealed "...heard resident yelling...went to room...was in floor...slipped..."</p> <p>Review of the facility investigation dated July 30, 2012, revealed "...pt (patient) education to ask for assistance when needed..."</p> <p>Medical record review of a nurse's notes dated September 14, 2012, revealed "...lost balance...fell..."</p> <p>Review of the facility investigation dated September 14, 2012, revealed "...instructed to use call light for assistance..."</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/26/2012
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37680		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 323	<p>Continued From page 3</p> <p>Review of the resident's care plan initiated on July 26, 2012, revealed "...keep call light within easy reach...Instruct...use call bell...for assistance..."</p> <p>Continued review of the resident's care plan updated on July 30, 2012, revealed "...remind...use call bell for assistance..."</p> <p>Continued review of the resident's care plan updated on September 14, 2012, revealed "...Instruct pt (patient) to use call light & (and) ask for assistance..."</p> <p>Review of a facility policy entitled "Falls Management Program", dated September 11, 2003, revealed "...falls that occur after a resident has been identified at risk...reassess the resident...and adjust intervention strategies..."</p> <p>Interview with the Director of Nursing (DON) and the Administrator on September 25, 2012, at 9:50 a.m., in the conference room, confirmed no new interventions to prevent falls were implemented following the resident's falls on July 30, 2012 and September 14, 2012.</p>	F 323			